

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025691

6393

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District 1003

Registrar's No.

FILED JUN 21 1963

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
DOA

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Enroute Missouri Pacific Hospital

Inside Limits

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole

c. CITY OR TOWN Jefferson City

d. STREET ADDRESS (If outside, give location)
420 Vista Road

Inside Limits
Yes ☒ No ☐

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First
CLYDE

Middle
LEROY

Last
BREWSTER

4. DATE OF DEATH

Month Day Year
June 15, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/16/1899 64

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Brakeman (RR)

10b. KIND OF BUSINESS OR INDUSTRY

Mo. Pac R.R.

11. BIRTHPLACE (City and state or country)

Valisca, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Samuel R. Brewster

13b. MOTHER'S MAIDEN NAME

Stella Ferris

14. NAME OF HUSBAND OR WIFE

Daisy Bugbee Brewster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Daisy Brewster Jefferson City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute coronary thrombosis

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertensive cardiovascular disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

MAY 6, 1963 to JUNE 15, 1963

and last saw him alive on 6/12/63

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. Sander MD

(Degree or title)

22b. ADDRESS

515 E HIGH, JEFF. CITY, MO.

22c. DATE SIGNED

6/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 18 1963

23c. NAME OF CEMETERY OR CREMATORY

Hawthorne Memorial Gardens

23d. LOCATION (City, town, or county)

Jefferson City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Freeman Mortuary Jefferson City Mo

25. DATE RECD. BY LOCAL REG.

JUN 17 1963

26. REGISTRAR'S SIGNATURE

Road Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1

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91

INSTEAD OF

100550-2281

INSTITUTIONAL AND PROFESSIONAL EDUCATION

JUN 28 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John R. Penley

Licensed Embalmer No.

3653

P. O. Address

St. Paul 84

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.